

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

JOLEEN K. YOUNGERS,)
as Personal Representative of)
the Wrongful Death Estate of)
Roxsana Hernandez,)
)
Plaintiff,) No. 20-cv-00465
) -WJ-JMR
vs.)
)
LASALLE CORRECTIONS TRANSPORT)
LLC, LASALLE CORRECTIONS WEST)
LLC, LASALLE MANAGEMENT)
COMPANY LLC, GLOBAL PRECISION)
SYSTEMS LLC, TRANSCOR)
AMERICA LLC, CORECIVIC, INC.,)
and UNITED STATES OF AMERICA,)
)
Defendants.)

REMOTE VIDEOTAPED DEPOSITION OF

HARISH MOORJANI, M.D.

Thursday, September 5, 2024

Reported by:

LISA M. MURACO

JOB NO. 32522

1 H. Moorjani, MD

2 (Exhibit 2, Bates Number

3 CC_Hernandez 017481, Report, marked for
4 identification.)

5 BY MR. MASSEY:

6 Q. Dr. Moorjani, did you review this
7 report in anticipation for today's deposition?

8 A. Yes, I have it in front of me.

9 Q. Okay.

10 Could you tell me why you submitted
11 an amended report?

12 A. So there was an error in this -- in
13 the first report I submitted. And -- and an
14 amended report.

15 And the error had to do with the
16 name of the drug that I had referenced. It was
17 pure oversight on my part.

18 I had put in rituximab instead of
19 BIKTARVY in the report.

20 So it was pointed out to me. And
21 once I realized that I had made a mistake, I
22 amended it and submitted an amended report to
23 Ms. Keene.

24 Q. How was that error pointed out to
25 you?

1 H. Moorjani, MD

2 A. I think it was --

3 (Multiple speakers.)

4 MS. KEENE: I don't her -- before we
5 answer, objection as to -- to work product.

6 I don't him testifying as to what we
7 communicated.

8 BY MR. MASSEY:

9 Q. So, Dr. Moorjani, to the extent that
10 you were made aware of this error outside of
11 any conversation with your counsel, you can
12 answer the question.

13 A. No, I was made aware of it by the
14 counsel.

15 Q. Are there any other differences
16 between the original report and this amended
17 report?

18 A. I don't believe so.

19 Q. Did you also offer responses to
20 experts' reports submitted by the plaintiff in
21 the amended report?

22 A. Yeah. They were unchanged from my
23 first report.

24 Q. Does this report contain all the
25 opinions about the matters involved in this

H. Moorjani, MD

consultant, and I provide both inpatient and outpatient infectious disease services for patients that are in New York state prisons.

Q. Are you going into the actual prison facilities themselves?

A. That is correct.

Q. And how many times a week would you say you go into an actual prison or similar facility?

A. At least once a week, if not more.

Q. And do you treat patients there that are HIV positive?

A. That is correct.

Q. Do you treat patients that have MCD?

A. I have in the past. It's a very rare condition. But I've treated patients in New York state prisons with MCD, yes.

Q. About how many cases would you estimate?

A. You know, it's a very rare diagnosis. I've only had three cases of MCD in my career since my fellowship. And two of them were New York state prisons and one of them was in private practice.

H. Moorjani, MD

And so, we now have medications that can treat Castleman's disease. Unicentric versus multicentric, a little different approach.

And so, Rituxan is one of the anti-CD20, I believe. I stand corrected on the actual immune system part that the Rituxan works on. I'm not a hematologist.

But it works on part of the immune system that is causing the damage in Castleman's disease. And it can help the patient overcome Castleman's disease, whether it happens over days, weeks, or months. But it's part of a treatment regimen.

There are other modalities of treatment as well. And there are some protocols that talk about sequential treatments. There are some protocols that go for, you know, collective treatment.

It depends on the patient's individual situation. And depends on the clinical case.

H. Moorjani, MD

But despite best interventions in some cases, patients will succumb to Castleman's disease. We know that. So it's not a be-all and end-all. Rituximab is not a be-all and end-all. It's one of the drugs we have in our armamentarium which helps us treat patients with Castleman's disease.

And now, this has to be done after a thorough evaluation and stabilization of the patient's system so that they can tolerate not just Rituxan, but other medications, to make sure their liver and their kidneys are in -- in the best possible shape that they could be before we do all these interventions.

So it's a clinical decision. It's a clinical -- ongoing evaluation that then results in, hopefully, a positive outcome for some of these patients.

But some of these patients, despite all of that, do succumb.

Q. Have you ever personally treated a patient with rituximab who was suffering from MCD?

A. So the last patient I had with MCD,

1 H. Moorjani, MD

2 I don't believe received Rituxan. No, did not.

3 Q. What about any other patients that
4 had MCD?

5 A. No. So Rituxan treatment for MCD,
6 as I understand, is very recent introduction --

7 Q. How recent?

8 A. -- in MCD.

9 That -- I don't know exactly that.

10 I can look that up, if you want.

11 Q. Well, in your -- you don't need to
12 look anything up.

13 But, you know, as best you can
14 recall and in your professional opinion --

15 A. Yeah.

16 Q. -- was it available in 2018?

17 A. I believe so.

18 Q. Do you recall the portion of your
19 report, and we can bring it up, if need be,
20 where you said it was not readily available?

21 A. Yeah.

22 Do you want me to opine on that?

23 Q. Well, what I wanted to ask you is:
24 Where specifically did you mean?

25 Where is rituximab in 2018?